CLAIMS ONLY

Application Number	Filing Date
10/815 880	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	✓		✓				51	✓	✓		✓		
2		✓		✓			52		✓		✓		
3		✓		✓			53		✓		✓		
4		✓		✓			54		✓		✓		
5		✓		✓			55						
6		✓		✓			56	✓		✓			
7		✓		✓			57		✓		✓		
8		✓		✓			58		✓		✓		
9		✓		✓			59		✓		✓		
10		✓		✓			60		✓		✓		
11		✓		✓			61		✓		✓		
12		✓		✓			62		✓		✓		
13		✓		✓			63		✓		✓		
14		✓		✓			64		✓		✓		
15		✓		✓			65		✓		✓		
16		✓		✓			66		✓		✓		
17		✓		✓			67		✓		✓		
18		✓		✓			68		✓		✓		
19	✓		✓				69		✓				
20		✓		✓			70	✓		✓			
21	✓		✓				71		✓		✓		
22		✓		✓			72	✓		✓			
23	✓						73		✓	✓			
24		✓		✓			74			✓			
25		✓		✓			75		✓		✓		
26		✓		✓			76	✓		✓			
27		✓		✓			77						
28		✓		✓			78						
29		✓		✓			79						
30		✓		✓			80						
31		✓		✓			81						
32	✓		✓				82						
33		✓		✓			83						
34		✓		✓			84						
35		✓		✓			85						
36		✓		✓			86						
37		✓		✓			87						
38		✓		✓			88						
39		✓		✓			89						
40		✓		✓			90						
41		✓		✓			91						
42		✓		✓			92						
43		✓		✓			93						
44		✓		✓			94						
45		✓		✓			95						
46		✓		✓			96						
47		✓		✓			97						
48	✓		✓				98						
49		✓		✓			99						
50		✓		✓			100						
Total Indep	11		11				Total Indep						
Total Depend	65		65				Total Depend						
Total Claims	76		76				Total Claims						